



## Wisconsin Shares Participation Contract

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

The YoungStar Quality Rating and Improvement System is designed to improve the overall quality of child care in Wisconsin.

Programs that receive Wisconsin Shares Child Care Subsidy will be required to participate in YoungStar. Completion of the information included within this Wisconsin Shares Contract is a requirement for participation in YoungStar. This contract is for a two (2) year period, which may be renewed.

Name – Program		Provider Number
Location Number	Facility Number (if applicable)	
Name – Director/Owner		
Name – Contact Person (If different from Director/Owner)		
Address – Child Care Program/Center (Street, City, Zip Code)		County – Child Care Program/Center
Telephone Number – Contact Person		Cell Phone Number – Contact Person
Email – Contact Person		
Number of Children Currently Enrolled	Number of Classrooms (if applicable)	
Number of Children for Which Wisconsin Shares Reimbursement is Currently Received		

### Child Care Program Responsibilities

I am willing to provide services for children for which Wisconsin Shares Child Care Subsidy Program reimbursement is made.

I agree to comply with all requirements spelled out in the Child Care Authorization form, including: reporting actual hours of attendance for all authorized children in care; immediate notification that a child is no longer attending my program upon becoming aware of change in attendance; caring for no more children than regulation rules allows, including private pay and subsidized children.

I further agree that I will refrain from making any misrepresentations of my YoungStar rating.

I, \_\_\_\_\_ agree to follow all Wisconsin Shares Child Care Subsidy Program attendance reporting requirements, including accurate and timely reporting, as indicated in the Wisconsin Shares Child Care Policy Manual: <http://dcf.wisconsin.gov/childcare/wishares/manual.htm>, Wisconsin state statutes and Administrative Rules and Operations Memo. I have read and agree to follow policies as indicated in the Wisconsin Shares Subsidy Policy Guide for Child Care Providers. As a child care program provider I agree to record actual arrival and departure times and maintain these records in an accessible format for later possible review.

**SIGNATURE** – Person in Charge of Program: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(Effective Date)

### For YoungStar Regional Office Use Only

Date Received	Initials	Complete?	Date Processed	Initials